U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.
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1. File Number U - 5/1/3	2. Fiscal Year Covered From:
	フ/フ/Zoo4 Through: フェ/ 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JAMES H DUNN	Name PACE INTA. UNION
	Labor Organization File Number 600_3/8
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 1475
Street	Street
City NASHVILLE	City NASHVILLE
State 7 A ZIP Code + 4 3 7 20 2	State 7N ZIP Code + 4 37202
5. Position in labor organization. SECRE TARY - TREAS	SURFR
Enter appropriate data below If, during the past fiscal year, you or your spor (except as specified in the exclu	Use or minor child directly or indirectly had any of the following interests
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Name of Person Filing JAMES H. DUNN	File Number	U- 000318
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P.O. Box, Bldg., Room No., if any	c. Employer	
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City House, Tox		
State 7x ZIP Code + 4 77010		
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B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name WEAVER C. BARKSDALE	<u> </u>
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any SUITE 450	b. Trust
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